

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks:: 0  
Number of copies of CDs:: 0  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF:: 0  
Title :: INTERVERTEBRAL IMPLANT WITH JOINT PARTS MOUNTED ON ROLLER BODIES  
Attorney Docket Number:: LUS-16089  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: Fig. 1  
Total Drawing Sheets:: 4  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Max  
Middle Name::  
Family Name:: Aebi  
Name Suffix::  
City of Residence:: Montreal  
State or Province of Residence::  
Country of Residence:: Canada  
Street of mailing address:: 687 Pine Av. W. 59.30 – RHV  
City of mailing address:: Montreal  
State or Province of mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3A 1A1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Dominique  
Middle Name::  
Family Name:: Burkard  
Name Suffix::  
City of Residence:: Gretzenbach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Hasengasse 6  
City of mailing address:: Gretzenbach  
State or Province of mailing address::  
Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-5014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Frigg  
Name Suffix::  
City of Residence:: Bettlach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Mattenweg 8  
City of mailing address:: Bettlach  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-2544

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Beat  
Middle Name::  
Family Name:: Lechmann  
Name Suffix::  
City of Residence:: Bettlach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Grenchenstrasse 29a  
City of mailing address:: Bettlach  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-2544

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Mathys  
Name Suffix:: Jr.  
City of Residence:: Bettlach  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of mailing address:: Chrützliacherstrasse 11  
City of mailing address:: Bettlach  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-2544

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Pavlov  
Name Suffix::  
City of Residence:: Nijmegen  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of mailing address:: Louiseweg 5  
City of mailing address:: Nijmegen  
State or Province of mailing address::  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address:: NL-6523

## Correspondence Information

Correspondence Customer Number : 0040854  
Phone number:: 216-566-9700  
Fax Number: 216-566-9711  
E-Mail address:: [spaw@rankinhill.com](mailto:spaw@rankinhill.com)

## Representative Information

Representative Customer Number::	0040854	
----------------------------------	---------	--

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH02/000704	12/17/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Mathys Medizinaltechnik AG  
Street of mailing address:: Güterstrasse 5  
City of mailing address:: Bettlach  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-2544